

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M05000002854

FILED  
Jun 07, 2006  
Secretary of State

Entity Name: SEARLES VALLEY HOLDINGS, LLC

**Current Principal Place of Business:**

9401 INDIAN CREEK PARKWAY, SUITE 1000  
OVERLAND PARK, KS 62210

**New Principal Place of Business:**

**Current Mailing Address:**

9401 INDIAN CREEK PARKWAY, SUITE 1000  
OVERLAND PARK, KS 62210

**New Mailing Address:**

FEI Number: 20-2695227      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

**Name and Address of Current Registered Agent:**

**Name and Address of New Registered Agent:**

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: LEDER, MARC J  
Address: 5200 TOWN CENTER CIRCLE, SUITE 470  
City-St-Zip: BOCA RATON, FL 33486

Title: MGR ( ) Delete  
Name: KROUSE, RODGER R  
Address: 5200 TOWN CENTER CIRCLE, SUITE 470  
City-St-Zip: BOCA RATON, FL 33486

Title: MGR ( ) Delete  
Name: TERRY, CLARENCE E  
Address: 5200 TOWN CENTER CIRCLE, SUITE 470  
City-St-Zip: BOCA RATON, FL 33486

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES:**

Title: MGR (X) Change ( ) Addition  
Name: TANCREDI, JOHN  
Address: 9401 INDIAN CREEK PKWY STE 1000  
City-St-Zip: OVERLAND PARK, KS 66210

Title: MGR (X) Change ( ) Addition  
Name: MARBLE, STEPHEN G  
Address: 5200 TOWN CENTER CIRCLE, SUITE 470  
City-St-Zip: BOCA RATON, FL 33486

Title: MGR (X) Change ( ) Addition  
Name: CALHOUN, KEVIN J  
Address: 5200 TOWN CENTER CIRCLE, SUITE 470  
City-St-Zip: BOCA RATON, FL 33486

Title: MGR ( ) Change (X) Addition  
Name: GILLEN, MICHAEL  
Address: 5200 TOWN CENTER CIRCLE, SUITE 470  
City-St-Zip: BOCA RATON, FL 33486

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: JOHN TANCREDI

MGR

06/07/2006

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date